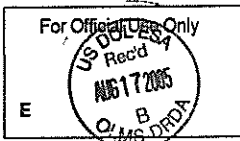


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11406</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JOHN</u> <u>J</u> <u>McNERNEY</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>505 N. W. 43rd STREET</u> City <u>KANSAS CITY</u> State <u>Missouri</u> ZIP Code + 4 <u>64116</u>	4. Name, file number, and address of labor organization. Name <u>INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS</u> Labor Organization File Number <u>000-197</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>7154 COLUMBIA GATEWAY DRIVE</u> City <u>COLUMBIA</u> State <u>Maryland</u> ZIP Code + 4 <u>21046</u>
5. Position in labor organization. <u>REGIONAL DIRECTOR</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>John J. Mc Nerney</u>	On <u>08/11/2005</u> Date	<u>816-452-8685</u> Telephone Number

Name of Person Filing JOHN McNERNEY		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name LAZARD FRERES</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 30 ROCKEFELLER PLAZA</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10020</p>		<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name NATIONAL ELEVATOR INDUSTRY PENSION PLAN</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 19 CAMPUS BLVD, SUITE 200</p> <p>City NEWTOWN SQUARE</p> <p>State Pennsylvania ZIP Code + 4 19073-3288</p>		<p>11.a. Nature of such dealing.</p> <p>PENSION PLAN INVESTMENT MANAGER</p> <p>11.b. Approximate dollar value of such dealing. \$583,644</p> <p>12.a. Nature of interest held or income received.</p> <p>DINNERS - 02/24/04, 11/30/04</p> <p>12.b. Amount. \$356</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name DEPRINCE, RACE & ZOLLO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 201 SOUTH ORANGE AVE, SUITE 850

City ORLANDO

State Florida

ZIP Code + 4 32801

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NATIONAL ELEVATOR INDUSTRY PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 19 CAMPUS BLVD, SUITE 200

City NEWTOWN SQUARE

State Pennsylvania

ZIP Code + 4 19073-3288

11.a. Nature of such dealing.

PENSION PLAN INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

\$1,195,902

12.a. Nature of interest held or income received.

DINNER - 11/28/04

12.b. Amount.

\$64

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NATIONAL ELEVATOR INDUSTRY PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 19 CAMPUS BLVD, SUITE 200

City NEWTOWN SQUARE

State Pennsylvania ZIP Code + 4 19073-3288

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

SEE LM-30 ATTACHMENT

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR BOARD OF TRUSTEES MEETING
EXPENSES: 2/17/04 - 2/24/04; 5/11/04 - 5/13/04;
9/8/04 - 9/10/04; 11/28/04 - 12/1/04; 12/7/04 -
12/9/04

12.b. Amount.

\$10,982

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input style="width: 90%;" type="text" value="NATIONAL ELEVATOR INDUSTRY EDUCATIONAL PRGM"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text" value="11 LARSEN WAY"/> City <input style="width: 90%;" type="text" value="ATTLEBORO FALLS"/> State <input style="width: 20%;" type="text" value="Massachusetts"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="02763-1068"/>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; padding: 5px; margin-top: 5px;">SEE LM-30 ATTACHMENT</div> 11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text"/> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 150px; padding: 5px; margin-top: 5px;">CHAIR / CO-CHAIR MEETING EXPENSES - MEALS AND LODGING - 01/27/04 - 01/28/04; DINNERS - 11/10/04 06/15/2004</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><tr><td style="width: 80%;">12.b. Amount.</td><td style="width: 20%; text-align: right;">\$385</td></tr></table>	12.b. Amount.	\$385
12.b. Amount.	\$385		